

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 107 OF 190

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

DR. JERRY J. LORIO

Mailing Address 5201 NORTHSHORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL, L.L.C.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

105.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11.1911

Amount of Each Receipt this Period

105.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION FROM ARKANSAS
SURGICAL HOSPITAL, LLC

Full Name (Last, First, Middle Initial)

DR. KENNETH A. MARTIN

Mailing Address 5 PLATTE COURT

City

MAUMELLE

State

AR

Zip Code

72113-6553

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL, L.L.C.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11.1903

Amount of Each Receipt this Period

260.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION FROM ARKANSAS
SURGICAL HOSPITAL, LLC

Full Name (Last, First, Middle Initial)

DR. ZACHARY MASON

Mailing Address 5201 NORTHSHORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL, L.L.C.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11.1904

Amount of Each Receipt this Period

260.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION FROM ARKANSAS
SURGICAL HOSPITAL, LLC**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00